

ADMINISTRATION CUTS HURT MENTAL HEALTH CENTERS

AND TRAINING

TESTIMONY BEFORE HEALTH APPROPRIATIONS SUBCOMMITTEE ON LABOR-
HEW (Rep. Flood, Chairman)

On Fiscal 1972 Budget for the National Institute of Mental Health

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by

MIKE GORMAN, Washington, D. C.

Executive Director, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS
Fellow, AMERICAN PSYCHIATRIC ASSOCIATION (HON.)
Fellow, AMERICAN PUBLIC HEALTH ASSOCIATION

Mr. Chairman and Members of the Committee:

The Administration requests \$425,611,000 for the National Institute of Mental Health in fiscal 1972 -- only one million dollars more than the actual operating level in the current year. This standstill budget is proposed at a time when the entire mission of the Institute has been expanded by the Congress to cover much larger efforts in the fields of drug addiction, alcoholism, the development of mental health centers in poverty areas, and services for emotionally disturbed children.

We cannot understand the rationale for this backward budget. In fiscal 1970, we achieved the largest annual reduction in the number of patients confined in our state hospitals -- a drop of more than 32,000 below the figure just a year ago. Today there are only 338,000 patients in our 300 state and county mental hospitals, a remarkable reduction of almost a quarter of a million patients over the past 15 years. Apart from the alleviation of human suffering, the shrinking size of our public mental hospital system has resulted in the saving of billions of dollars in construction and operation costs.

Mr. Chairman, the National Institute of Mental Health is successfully implementing the clear intent of the Congress that the custodial mental institutions of the past be replaced by intensive treatment facilities in the heart of the community. However, as I noted a year ago in testifying before this Subcommittee, the Administration seems intent upon killing the entire mental health centers program.

In the interest of time, I will confine my remarks to several major areas in which budget reductions threaten to bring to a halt the spectacular progress we have made in previous years.

1. COMMUNITY MENTAL HEALTH CENTERS

At the present time, about only 270 mental health centers are fully operational. Another 170 centers are in various stages of development, held back by the low level of funding these past few years. When fully operational, these 440 centers will serve about 25 percent of our population. What happens then to 150 million Americans who will not have access to a neighborhood mental health center?

I could give you a ream of statistics on the success of the mental health centers program. In 1969, for the first time in history, admissions to community mental health centers exceeded first admissions to state hospitals. The total number of patients served in that year alone was 412,000. A number of surveys have documented the point that the centers not only keep patients out of state hospitals, but they also hold in the community countless numbers of patients who have been discharged from state hospitals and would be forced to return to them but for the availability of treatment in their home areas.

Despite this demonstrated record of achievement, the Administration includes no money in its budget for the construction of new mental health centers. This is the second year in succession the Administration has refused to request construction monies and it is obvious that this, combined with the Administration's policy of restricting staffing monies only to those centers which have received previous federal construction funding, will soon lead to a termination of the entire program.

Mr. Chairman, this arbitrary restriction of staffing support to centers which have received federal construction grants is of questionable legality -- the basic 1965 act authorizing federal matching monies for staffing makes all centers which provide five minimal mental health services eligible for federal support. In actual fact, this unjustifiable new policy penalizes those states and localities which have used their own resources to construct centers. If this high-handed action of the Executive branch is not challenged by the Congress, 65 centers serving millions of people are faced with the prospect of closing their doors. Of this number, 27 centers are in states represented by members of this Subcommittee -- seven in Kentucky, six in Pennsylvania, five in Texas, three in New Jersey, and two each in Illinois, Kansas and Massachusetts. Many of these centers were originally approved for funding in 1969 and 1970 under the ground rules of the community mental health centers legislation; now they are being told that all of their heart-rending efforts to raise matching monies at the local level have been a cruel waste of time because the federal government is reneging on its previous commitments.

The legislative authorization for construction of mental health centers in fiscal 1972 is \$90,000,000. A recent survey of state mental health construction applications discloses a backlog of more than \$50,000,000 in this area.

We therefore recommend a minimum of \$45,000,000 for the construction of mental health centers in the coming year.

However, the staffing needs of the mental health centers are even more crucial. In 1970, the Congress unanimously extended the scope of the program by providing much higher percentages of federal funding for centers in poverty areas and new authorizations for both children's and consultation and education services. The Administration request of \$105,000,000 for staffing falls far short of financing many of these new services.

We are all deeply grateful to this Subcommittee, and to the comparable Subcommittee in the Senate, for adding the sum of \$30,000,000 a year ago to the hopelessly inadequate figure recommended by the Administration. However, most of the \$30,000,000 must be allocated to centers approved for support in fiscal 1970 and in prior years. In the meantime, a backlog of unfunded centers builds up in fiscal years 1971 and 1972. The National Institute of Mental Health itself estimates that by June 30, 1972, there will be a shortage of \$44.3 million necessary to meet the federal contribution for approved but unfunded staffing grants.

In very simple terms, 88 centers in all parts of the country will not open their doors.

We are in trouble -- and we will continue to be in trouble -- because the inadequate budget requests of the past few years have created a large backlog of unfunded centers. This unfortunate policy is continued in the President's recommendation for only \$13,000,000 to support new staffing grants in fiscal 1972. The authorizing legislation provides \$50,000,000 for new staffing starts in 1972; it is our contention that this is the minimum amount needed to keep the centers program moving forward.

We therefore recommend \$170,000,000 for the staffing of community mental health centers in fiscal 1972. This recommendation is on the conservative side, but we hope that it will meet the needs for new staffing starts, allow the application of the poverty formula, and provide for the \$20,000,000 authorized for children's services in the centers.

I again reiterate the point that I've made since 1968 to the effect that the federal government is assuming a very small share of the costs of constructing and operating these mental health centers. The states and the counties have really kept this program going and, in many cases, they have done so through the sale of bonds and through extra millage levies. Last year, the federal contribution to the total support of these centers was only 25 percent, and if the present budget is sustained, it will drop to close to 20 percent. As the President of the American Psychiatric Association noted in an address to the annual meeting of that organization here in this city just a month ago:

"In its current zeal to share revenue with the states, the Administration might take note of the fact that for every Federal dollar that has gone into mental health service programs, the states and localities have been spending about twenty. "

2. MANPOWER

The Administration recommends \$104.6 million for all of the training activities of the National Institute of Mental Health -- a reduction of approximately \$3,000,000 below last year's request.

This is really the most puzzling and irritating item in the entire budget request for the NIMH. A sharp cut is recommended at the very moment when we have reached a peak demand for more mental health personnel to staff mental health centers, provide new services for alcoholics, drug addicts, children, and so on. Particularly mystifying is the \$6.7 million cut in training programs for psychiatrists. This subcommittee needs no documentation as to the desperate shortages of psychiatrists in our mental hospitals, mental health centers, and other mental health facilities.

Over the past two decades, the NIMH has contributed to the training of 47,000 mental health professionals. It has been hailed as the most successful training program in the entire field of medicine and public health in this country.

Since others will be testifying to this item in greater detail, I will just state that we recommend \$145,000,000 for NIMH training programs in fiscal 1972. This will restore the sharp cut in the psychiatric residency program, cover cost of living increases for the other mental health disciplines, and provide a small increase in programs designed to train new kinds of sub-professionals.

3. ALCOHOLISM

Since there will be additional testimony on this item, I will just make mention of the fact that the authorization for fiscal 1972 under P. L. 91-616 is \$100,000,000, of which \$60,000,000 is in formula grants to the states for the comprehensive planning and establishment of services to alcoholics. Despite the fact that Secretary Richardson has praised this legislation on several occasions, there is no money in the Administration budget to implement it.

We therefore propose \$70,000,000 to carry out the provisions of the legislation in the coming year.

4. DRUG ABUSE

Since you are all fully aware of the extent of the problem, I will not belabor you with a barrage of statistics. I will only point out that the Comprehensive Drug Abuse Act of 1970 (P.L. 91-513) authorizes \$64,000,000 in fiscal 1972 for the drug abuse and prevention activities of the NIMH.

We recommend \$30,000,000 to get this program off the ground.

Mr. Chairman, I have appended to this statement a comparison of the President's budget and our requested increases for fiscal 1972.

SELECTIVE INCREASES PROPOSED BY CITIZENS IN NIMH FISCAL 1972 BUDGET

	<u>1972 President's Budget</u>	<u>Citizens' Budget</u>
1. <u>Research Grants</u>	\$ 92,400,000	\$ 98,400,000
2. <u>Manpower Development</u>		
(a) Training Grants	\$104,600,000	\$145,020,000
3. <u>State and Community Programs:</u>		
(a) Community Mental Health Centers		
(1) Construction	-----	\$ 45,000,000
(2) Staffing	\$105,100,000	\$170,000,000
4. <u>Alcoholism</u> (P. L. 91-616)	-----	\$ 70,000,000
5. <u>Narcotics and Drug Abuse</u> (P. L. 91-513)	-----	\$ 30,000,000
 <u>TOTAL REQUEST FOR NIMH</u>	 \$425,611,000	 \$682,031,000